
State:	District of Columbia	Filing Company:	Cimarron Insurance Company, Inc.
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers Compensation		
Project Name/Number:	Small Deductibles/WC-SDC-DC-1901F		

Filing at a Glance

Company:	Cimarron Insurance Company, Inc.
Product Name:	Workers Compensation
State:	District of Columbia
TOI:	16.0 Workers Compensation
Sub-TOI:	16.0004 Standard WC
Filing Type:	Form
Date Submitted:	12/13/2019
SERFF Tr Num:	CMOC-132143599
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	WC-SDC-DC-1901F
Effective Date	03/01/2020
Requested (New):	
Effective Date	03/01/2020
Requested (Renewal):	
Author(s):	Tim Ermatinger, Michelle Freitag, Paul Halter
Reviewer(s):	John Rielley (primary)
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

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General Information

Project Name: Small Deductibles	Status of Filing in Domicile: Authorized
Project Number: WC-SDC-DC-1901F	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: n/a
Reference Title: n/a	Advisory Org. Circular: n/a
Filing Status Changed: 12/17/2019	
State Status Changed:	Deemer Date:
Created By: Michelle Freitag	Submitted By: Michelle Freitag
Corresponding Filing Tracking Number: CMOC-132143600	

Filing Description:

On behalf of Cimarron Insurance Company, Inc. (the "Company"), M Freitag Consulting, LLC, ("MFC") is submitting this filing to introduce an endorsement for small deductible for use in your jurisdiction.

Included with this filing submission is a letter of authorization permitting MFC to submit this filing on the Company's behalf.

Company and Contact

Filing Contact Information

Timothy Ermatinger,	t.ermatinger@cimarronins.com
1041 Red Ventures Drive	954-937-0955 [Phone]
Suite 100	
Fort Mill, SC 29707	

Filing Company Information

Cimarron Insurance Company, Inc.	CoCode: 20400	State of Domicile: Arizona
7301 Carmel Executive Park Drive	Group Code:	Company Type:
Suite 102	Group Name:	State ID Number:
Charlotte, NC 28226	FEIN Number: 48-0516614	
(980) 771-2490 ext. [Phone]		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Benefits Deductible Endorsement	WC 00 06 03	(Ed. 2-91)	END	New			Benefits Deductible Endorsement 000603 (Ed. 2-91).pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

BENEFITS DEDUCTIBLE ENDORSEMENT

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because the states listed in the Schedule below are shown in Item 3.A. of the Information Page.

1. Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amount shown in the Schedule below.
2. This deductible applies separately to each claim for bodily injury by accident or disease.
3. If the law requires payment on a per accident or per disease basis, this provision applies in place of paragraph 2 above. This deductible applies separately to each accident or disease, regardless of the number of people who sustain injury by such accident or disease.
4. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us, we may cancel the policy as provided in Part Six (Conditions), Section D. Cancellation, of the policy. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.
5. If the statute requires or allows you to pay the deductible amount, this provision applies in place of paragraph 4 above. You will pay the deductible amounts directly to the persons entitled to them. We will be your guarantor for those payments. If we pay the deductible amount as guarantor, you must reimburse us within 30 days after we send you notice that payment is due. If you fail to reimburse us, we may cancel the policy as provided in Part Six (Conditions), Section D. Cancellation, of the policy. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.

Schedule

State	Indemnity and Medical Deductible Amount	Medical Deductible Amount	Indemnity Deductible Amount
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This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

WC 00 06 03
(Ed. 2-91)

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Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	Not a PPA filing
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Consulting Authorization
Comments:	
Attachment(s):	Cimarron MFC LOA - 2019.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Not applicable to this filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	Not applicable to this filing
Attachment(s):	
Item Status:	
Status Date:	

CIMARRON

INSURANCE COMPANY

March 12, 2019

Re: Cimarron Insurance Company, Inc.
NAIC Number: 20400
FEIN Number: 48-0516614

To Whom It May Concern:

M Freitag Consulting, LLC is hereby authorized to submit rate, rule, and form filings on behalf of Cimarron Insurance Company, Inc.. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary.

Please direct all correspondences and inquiries related to this filing to M Freitag Consulting, LLC. Contact information is as follows:

Michelle Freitag, FCAS, MAAA
M Freitag Consulting, LLC
1110 Little Harbor Drive
Deerfield Beach, FL 33441
Phone: (954) 501-5267
Email: michelle@mfreitagconsulting.com

Please contact me if you have any questions regarding this authorization.

Sincerely,



Paul V. Halter, CIC, CRM, CPCU
President and CEO
704-564-3117
p.halter@cimarronins.com